

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10737747

12-10-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
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TOTAL IND.	3					
TOTAL DEP.	52					
TOTAL CLAIMS	55					

	IND	DEP	IND	DEP	IND	DEP
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